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PTO/SB/01 (05-03) Approved for use through 04/30/2003. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## Under the Paperyon Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **Attorney Docket Number** 42133-00004 DECLARATION FOR UTILITY OR First Named Inventor Desi D. STELLING, et al. **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number 10/627,489 Filing Date 7/25/2003 Declaration Declaration Submitted OR Submitted after Initial Art Unit UNKNOWN With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) Examiner Name UNKNOWN

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I horoby declare that:												
I hereby declare that:												
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.												
w	believe the inventor(s) name hich a patent is sought on th	e invention enti	tled:					ed and for				
METHOD FOR CONTROLLING CUSTOMER-IMPLEMENTED DATA UPDATES												
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L												
(Title of the Invention) the specification of which												
L	is attached hereto											
	OR											
was filed on (MM/DD/YYYY)			07/25/2003	as United States Application Number or PCT Internatio								
	Application Number 10/627,489 and was amended on (MM/DD/YYYY) NA (if applicable).											
		/627,489			-			, , , ,				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.												
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I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application												
and the national or PCT international filing date of the continuation-in-part application.												
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[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. PTO/SB/01 (05-03)
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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	er Number ode Label	36754		OR	OR Correspondence add		condence address below			
Name										
Lucius L. Lockwood										
Address Lewis and Roca LLP 40 N. Central Ave.										
City	State					ZIP				
Phoenix	AZ					85004				
Country Telephone				Fax						
us	602.262.531	1			602.7	734.5399	3			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor										
Given Name (first and middle [if anx]) Desi					Family Name or Surname STELLING					
Inventor's Signature  Date July 6, 2004										
Residence: City State				Country Citize				Citizer	nship	
Glendale Arizona				US US				บร		
Mailing Address 19254 N. 54thmDrive										
Sity State			ZIP				T	Country		
Glendale	Arizona				85308				US	
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) Timothy				Family Name or Surname <sub>Schulze</sub>						
Inventor's Date							July 15,2004			
Residence: City State				Country		Citizenship				
Lanesville IN			U.S					U.S.		
Mailing Address										
3985 Brookside C+										
City	State			7	ZIP			Count	ry	
Laresville IN				47136 US.				<u>&gt; </u>		
Additional inventors or a legal re	Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.									

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DECLARATION	ADDITIOI Supplemen		INVENTOR(S)	Page -	1of_1				
Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor								
Given Name (first and middle (if any)		Family Name or Surname							
Vance			WA	LKER _					
Inventor's Vance Walk				July 6, 2004 Date					
Residence: City Anthem	State 7	State Arizona Co		ntry US	Citizenship US				
Mailing Address 3386 W. Hemingway Lane									
Mailing Address									
Anthem City Anthem	State	Arizona State		85086 Zip	Country USA				
Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor								
Given Name (first and middle (if any)	Family Name or Sumame								
Inventor's Signature	Date								
Residence: City	State	Country		Country -	Citizenship				
Mailing Address									
Mailing Address									
Cily	State	Zip		Zip	Country	·			
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor									
Given Name (first and middle (if any)	Family Name or Surname								
Inventor's Signature	Date								
Residence: City	State	e C		Country		Citizenship			
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